

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Handwritten initials]</i>	<i>[Handwritten ID]</i>	<i>[Handwritten Date]</i>
O.I.P.E. CLASSIFIER		<i>[Handwritten ID]</i>	<i>[Handwritten Date]</i>
FORMALITY REVIEW		<i>[Handwritten ID]</i>	<i>[Handwritten Date]</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

*Reason for allowance would be needed later KAW*

..... Rejected  
 ..... Allowed  
 (Through numeral)..... Canceled  
 ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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